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FAX COVER SHEET

Date: Thursday, September 01, 2005

Number of Pages: Cover sheet plus 20 page(s)

To: Examiner Hemant Desai

Company: U.S.P.T.O.

Your Reference: Serial No. 10/772,574

Fax Number: 571-273-8300

From: John V. Daniluck (jdaniluck@uspatent.com)

Our Reference: 39015-6 (15270.75)

John V. Daniluck
1 Sept 2005

Comments:

CONFIRMATION OF RECEIPT REQUESTED IF CHECKED:



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WEMMH/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/772,574
		Filing Date	February 5, 2004
		First Named Inventor	Ronald G. THIEMAN
		Group Art Unit	3721
		Examiner Name	Desai, Hemant
Total Number of Pages in this Submission	17	Attorney Docket Number	39015-6
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 Credit Card Form <input checked="" type="checkbox"/> Amendment Response to Office Action dated 12/09/2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition PTO/SB/64 Petition to Revive <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Revive Unintentionally Abandoned Application	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Printed Name	John V. Daniluck		
Date	1 Sept 2005	Reg. No.	40,581
CERTIFICATE OF FACSIMILE			
I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 fax number 571-273-8300 on September 1, 2005.			
Signature			
Typed or printed name	John V. Daniluck	Date	1 Sept 2005

Doc #EAS.le.352358

39015-6

WEMMH PTO SB/17 (12-04)

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<p>Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete If Known</p>																																																																									
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/772,574																																																																								
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<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </p> <p> <input checked="" type="checkbox"/> Deposit Account Deposit Account number: <u>23-3030</u> Deposit Account Name: <u>Woodard, Emhardt, Moriarty, Mcnatt & Henry LLP</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account. </p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																																																											
<p>FEE CALCULATION</p>																																																																											
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0																			
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 419a(1)(G) and 37 C.F.R. 1.18(e).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>-100</td> <td>=</td> <td>/50</td> <td>x</td> <td>0</td> </tr> <tr> <td colspan="5">(round up to a whole number)</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	-100	=	/50	x	0	(round up to a whole number)																																																													
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<p>4. OTHER FEES(S)</p> <p><u>1.17(M) Petition To Revoke Unintentionally Abandoned Application</u></p> <p style="text-align: right;">Fee Paid (\$) 1500</p>																																																																											

SUBMITTED BY

Signature

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Date

1 Sept 2005

Doc #EAS.LE.352361

39015-6